

Quick Reference

Medicaid Eligibility

Elderly, Blind and Disabled Categories (AABD)

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
SSI DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Medicaid.	\$674	\$1,011	\$20 General exclusion applied to unearned income first \$65.00 + ½ of remainder of monthly earned income.	Individual \$2000 Couple \$3000	<ul style="list-style-type: none"> A home 1 car excluded if under \$4500, if over \$4500, excluded if used for getting to doctor or work or is disability equipped. 2nd car excluded if used for self-employment in a trade or business. Some non-home income producing properties Life insurance without a cash surrender value Burial spaces Irrevocable burial arrangements 	<ul style="list-style-type: none"> Cash on hand and in bank (less income received that month) Stocks and bonds Real property other than the home Personal property Life insurance with a cash surrender value if face value is over \$1500 Revocable burial funds (less \$1500 exclusion per spouse if \$1500 exclusion is not used through application of other burial arrangements) 	<ul style="list-style-type: none"> Elderly blind or disabled. Elderly is defined as age 65 or older SSI recipient
Spend Down	\$108.33 If income exceeds limit, deduct medical bills	\$216.66 If income exceeds limit, deduct medical bills	Same as SSI	Same as SSI	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Must re-enroll for spend down every three months. The spend down will be set up for a fixed period of time, not to exceed 3 months
Medicare Savings Beneficiaries ARSeniors (Provides Full Medicaid) QMB (Pays Part B premiums, deductibles & copays) SMB (Pays Part B premium) QI-1 (Pays Part B premium)	\$722.00 \$902.50 \$1,083.00 \$1,218.38	\$971.34 \$1,214.17 \$1,457.00 \$1,639.13	Same as SSI	Individual \$6600 Couple \$9910	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Medicare beneficiary Age 65 or older, blind or disabled ARSeniors is only for individuals age 65 or older
Long Term Care, Assisted Living, ElderChoices, Alternatives. DDS Waiver	\$2,022.00 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except When one spouse is institutionalized, the other can keep between \$21,912 and \$109,560 based on a formula.	Same as SSI	<ul style="list-style-type: none"> Medical necessity

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
Working Disabled	\$2,256.25	\$3,035.42 add \$779.18 for each add'l person	SSI exclusions and disregards.	Individual \$4000 Couple \$6000	<ul style="list-style-type: none"> • Same as SSI, plus • Second car if used by spouse to maintain employment • Approved accounts to enhance independence or increase employment possibilities up to \$10,000. • Resources owned by children. 	Same as SSI	<ul style="list-style-type: none"> • Meet disability criteria • Eligible for SSI, except for earned income • Working as defined in policy
	AND Net unearned income cannot exceed SSI limits		Income of spouse and children not counted.	add \$200 for each additional person.			
Pickle (COLA)	\$674.00	\$1,011.00	Same as SSI Deduct all COLAs received since loss of SSI	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Current recipient of SSA • Previously entitled to SSA and SSI concurrently • Lost SSI for any reason and would be SSI eligible with deductions of all COLAs received since loss of SSI
Disabled Adult Child (DAC)	\$674.00	\$1,011.00	Same as SSI Deduct DAC entitlement or increase that made them SSI ineligible	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Age 18 or older • Became disabled or blind before age 22 • Lost SSI due to DAC entitlement or DAC increase
Widows or Widowers (OBRA)	\$674.00	\$1,011.00	Same as SSI Deduct all SSA income	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Under age 65 • Not entitled to Medicare • Lost SSI due to entitlement of SSA Widows/Widowers benefits
TEFRA	\$2,022.00 (Only child's income is counted)		NA	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Medical necessity • Children who would otherwise be institutionalized • Custodial parent's with taxable income over \$25,000 must pay a premium based on income

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Arkansas complete Medicaid Policy can be found at: <http://www.accessarkansas.org/dhs/webpolicy/Index.htm>

Additional information is available at: <http://www.medicaid.state.ar.us/>

For an application form, call 1-800-682-8970

Quick Reference

Medicaid Eligibility

Family Medicaid Categories

Program	Income Limit	Earned Income Deductions	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements																
ARKids A	Children under 6 133% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$1,614.85</td></tr><tr><td>3</td><td>\$2,029.35</td></tr><tr><td>4</td><td>\$2,443.88</td></tr></table> Add \$414.52 for each add'l member Children 6 and over 100% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$1,214.17</td></tr><tr><td>3</td><td>\$1,525.83</td></tr><tr><td>4</td><td>\$1,837.50</td></tr></table> Add \$311.67 for each add'l member	Family Size	Income	2	\$1,614.85	3	\$2,029.35	4	\$2,443.88	Family Size	Income	2	\$1,214.17	3	\$1,525.83	4	\$1,837.50	Deduct \$90 for work-related expenses Deduct actual childcare expenses up to cap.	No resource limit	NA	NA	<ul style="list-style-type: none">Children under age 19
Family Size	Income																					
2	\$1,614.85																					
3	\$2,029.35																					
4	\$2,443.88																					
Family Size	Income																					
2	\$1,214.17																					
3	\$1,525.83																					
4	\$1,837.50																					
ARKids B Limited benefit package Co-pays required	200% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$2,428.34</td></tr><tr><td>3</td><td>\$3,051.66</td></tr><tr><td>4</td><td>\$3,675.00</td></tr></table> Add \$623.34 for each add'l member	Family Size	Income	2	\$2,428.34	3	\$3,051.66	4	\$3,675.00	NA	No resource limit	NA	NA	<ul style="list-style-type: none">Children under age 19Children are not eligible if they currently have or have had group or employer-sponsored health insurance within the past 6 months, unless insurance lost involuntarily.Must choose a primary care physician								
Family Size	Income																					
2	\$2,428.34																					
3	\$3,051.66																					
4	\$3,675.00																					
Pregnant Women (SOBRA) Prenatal, delivery, postpartum and medical conditions that could complicate pregnancy only. Coverage ceases at the end of the month that the 60 th day of postpartum falls.	Same as ARKids B The unborn child counts in the family size.	Same as ARKids A	1 \$2000 2 \$3000 3 \$3100 4 \$3200 \$100 increase for each additional person	<ul style="list-style-type: none">A homeHousehold/personal goodsStudent loans and grantsOther bona fide loansOne burial plot per family member	<ul style="list-style-type: none">Cash on hand and in the bank (less income received that month)Stocks/bondsAccessible trust fundsCash surrender value of life insurance policiesU.S. Savings BondsOther Personal PropertyEquity value in excess of \$1500 is counted for one car; full equity value is counted for any other cars	<ul style="list-style-type: none">Pregnant																
AFDC Pregnant Women Full Medicaid	Same as TEA Medicaid	Same as ARKids A	\$1000 limit	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	<ul style="list-style-type: none">Pregnant																

Program	Income Limit	Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements																				
Family Planning Provides family planning services only	Same as ARKids B	Same as ARKids A	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Same as Pregnant Women SOBRA	<ul style="list-style-type: none">Limited to women of childbearing ageNot certified in any other Medicaid category																				
TEA Medicaid A family does <u>not</u> have to receive TEA Cash Assistance to qualify for TEA Medicaid.	<table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$ 81.00</td></tr><tr><td>2</td><td>162.00</td></tr><tr><td>3</td><td>204.00</td></tr><tr><td>4</td><td>247.00</td></tr><tr><td>5</td><td>286.00</td></tr><tr><td>6</td><td>331.00</td></tr><tr><td>7</td><td>373.00</td></tr><tr><td>8</td><td>415.00</td></tr><tr><td>9></td><td>457.00</td></tr></table>	Family Size	Income	1	\$ 81.00	2	162.00	3	204.00	4	247.00	5	286.00	6	331.00	7	373.00	8	415.00	9>	457.00	Applicants: 20% of gross earned income. Recipients: 60% of the amount after the 20% deduction	\$1000	<ul style="list-style-type: none">A homeOne vehicleHousehold/personal goodsIncome-producing propertyStudent loans and grantsTax refundsLife InsuranceOne burial plot per family memberIDAs	<ul style="list-style-type: none">Cash on hand and in bank (less income received that month)Stocks and bondsAccessible trustsU.S. Savings BondsProceeds from sale of house if new house not bought in 18 monthsOther personal property	<ul style="list-style-type: none">A person does not have to receive TEA cash to qualifyRelated child under age 18 in home.There must be an absent, disabled or unemployed parentCaretaker relative and child can both qualify.
Family Size	Income																									
1	\$ 81.00																									
2	162.00																									
3	204.00																									
4	247.00																									
5	286.00																									
6	331.00																									
7	373.00																									
8	415.00																									
9>	457.00																									
Transitional Medicaid	No income test for the 1 st 6 months. Thereafter, income must be less than 185% of FPL. <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1,669.63</td></tr><tr><td>2</td><td>\$2,246.21</td></tr><tr><td>3</td><td>\$2,822.79</td></tr><tr><td>4</td><td>\$3,399.38</td></tr></table> Add \$576.59 for each add'l member	Family Size	Income	1	\$1,669.63	2	\$2,246.21	3	\$2,822.79	4	\$3,399.38	Deduct actual childcare cost.	NA	NA	NA	<ul style="list-style-type: none">Family must have received TEA Medicaid in 3 of the last 6 monthsFamily must have lost TEA Medicaid due to earnings from employment										
Family Size	Income																									
1	\$1,669.63																									
2	\$2,246.21																									
3	\$2,822.79																									
4	\$3,399.38																									
Spend Down (a) Pregnant Women (b) Under – 18 (U-18) (c) Unemployed Parent (d) AFDC	<table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$108.33</td></tr><tr><td>2</td><td>\$216.66</td></tr><tr><td>3</td><td>\$275.00</td></tr><tr><td>4</td><td>\$333.33</td></tr></table> Add \$58.33 for each add'l member Deduct outstanding medical bills if income exceeds limit for household size	Family Size	Income	1	\$108.33	2	\$216.66	3	\$275.00	4	\$333.33	Same as ARKids A	Same As SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	(a) Pregnant Women only (b) Under – 18. Children under 18 years only (c) Deprivation due to unemployment of parent (d) Deprivation due to absence, death or disability of parent										
Family Size	Income																									
1	\$108.33																									
2	\$216.66																									
3	\$275.00																									
4	\$333.33																									
Under 18 (U-18)	See TEA Medicaid	Same as ARKids A	\$1000	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	<ul style="list-style-type: none">Under 18 children only																				

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Medicaid Eligibility

Non-Family and Non-AABD Medicaid Categories

Program	Income Limit	Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
Breast & Cervical Cancer	200% of FPL Family Size Income 1 \$1,805.00 2 \$2,428.34 3 \$3,051.66 4 \$3,675.00 Add \$623.34 for each add'l member	None – Gross test	None	N/A	N/A	<ul style="list-style-type: none"> Screened for breast or cervical cancer through BreastCare (1-877-670-CARE). Must not have creditable insurance coverage. Not eligible in any other Medicaid category. Under 65 Must apply through ADH BreastCare program (1-877-670-CARE).
Tuberculosis	\$1,805.00	Income of a spouse is disregarded.	None	N/A	N/A	<ul style="list-style-type: none"> Application is made through the local Health Department. The individual must have a positive TB infection diagnosis as confirmed by certain tests or a suspicion of TB infection in his or her diagnosis.

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